MAR 1 7 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1FW 164

Patent Application of:

Yu et al.

Docket No.: PF343P3C5

Application No.: 09/589,288

Confirmation No.: 1519

Filed: June 8, 2000

Art Unit: 1647

For: Methods of Inhibiting B Lymphocytes Using

Examiner: B. E. Bunner

Antibodies to Neutrokine-alpha (As Amended)

STATEMENT OF THE SUBSTANCE OF THE INTERVIEW AND AMENDMENT

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants request that the following amendments and remarks be entered prior to further examination of the above-identified application. Applicants submit concurrently herewith:

- (a) Information Disclosure Statement with Form PTO/SB/08 and copies of references J22-J29, J71-J72 and J81-J99;
- (b) Copies of the PTO/SB/08 forms citing references C1-C10, D1-D2, E1-E3, F1-F3, G1-G4, H1, I1-I5 that were submitted to the Patent and Trademark Office on December 2, 2003, December 2, 2004, June 10, 2005, July 29, 2005, August 26, 2005, September 23, 2005 and January 20, 2006; and
- (c) Fee Transmittal Sheet.

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 3.

Remarks begin on page 6.

03/20/2006 HALI11 00000125 083425 09589288

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Approved for use through 7/3

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Under the Rate Work Redu	ction Act of 1995,	no person are requi	red to resp	U.S. Patent a		proved for use through emark Office; U.S. DEP ation unless it displays	7/31/2006. O						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number. Complete if Known									
				pplication Numb	per	09/589,288-Conf. #1519							
FEE TRANSMITTAL			Fi	Filing Date		June 8, 2000							
For FY 2006			Fi	First Named Inventor		Guo-Liang Yu							
	E	Examiner Name		B. E. Bunner									
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1647							
TOTAL AMOUNT OF PAYMENT (\$) 360.00			A	ttomey Docket N	lo.	PF343P3C5							
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.													
For the above-iden	tified deposit a	ccount, the Direc	ctor is he	ereby authorized	d to: (ch	eck all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION (upon f	iling or may l	oe sub	ject to a surcha	rge.)						
1. BASIC FILING, SEARC			0545	OU EEEO		INIATION CCC							
		FEES Small Entity	SEAR	CH FEES Small Entity	EXAM	INATION FEES Small Entity							
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$		Fees P	aid (\$)					
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FEES								Small Entity					
Fee Description	lina Dalassa N						Fee (\$)	Fee (\$)					
Each claim over 20 (includes	_	a Daiseuge\					50 200	25 100					
Each independent claim or Multiple dependent claims		g Neissues)					200 360	100 180					
		ee (\$)	Fee Pai	d (\$)		Multiple Depende		100					
Total Claims Extra 89 - 167	Ciainis F		ree Pal	u (a)			ent Claims Fee Paid (\$	١					
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		ee (\$)	Fee Pai	d (\$)				_					
11 -16=	×	= =											
HP = highest numer of indepen	dent claims paid fo	or, if greater than 3.		·	_3	360.00	360.00	_					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
	Extra Sheets	, , , , ,	•	itional 50 or frac	tion ther	eof Fee (\$)	Fee F	Paid (\$)					
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4. OTHER FEE(S)							Fees	<u> Paid (\$)</u>					
Non-English Specificat		(no small entity	y discou	nt)									
Other (e.g., late filing s	urcharge):												
SUBMITTED BY													

SUBMITTED BY							
Signature	Milule	hunnm	Registration No. (Attorney/Agent)	47,075	Telephone	(301) 354-3930	
Name (Print/Type)	Michele Shannon				Date	March 17, 2006	